ALPHA 1-ANTITRYPSIN DEFICIENCY REGISTRY
RELEASE OF MEDICAL INFORMATION FORM

Form Completion Instructions:

Next of kin permission may be necessary to acquire the various reports needed by the Death Review Committee.

ALPHA 1-ANTITRYPSIN DEFICIENCY REGISTRY
Release of Medical Information Form

This form should be completed and signed by the next of kin upon initial notification of death, so that the Clinical Center can acquire and send the Clinical Coordinating Center the appropriate medical records, discharge summaries, autopsy reports and forms.

1. Date form completed:..... ___ ___/ ___ ___
   month

2. Patient's name: _____ ___

3. Patient Registry ID: ..... ___ ___ ___ ___

4. Patient's date of birth: ..... ___ ___/ ___ ___/ ___ ___
   month day year

No SAS Dataset Made For This Form

I ... ize the release of the medical records and autopsy ... of (patient's name)_____ ... ntitrypsin Deficiency Registry.

... of kin name:_____

Relation to deceased Registry patient: _____

Signature of next of kin: _____

Date signed:..... ___ ___/ ___ ___/ ___ ___
month day year

Signature of witness: _____

White/Yellow: Clinical Coordinating Center, Pink: Clinical Center

PWO 1870